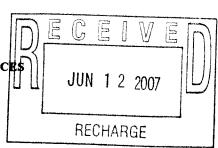
Recovery Well MODIFICATION

1. Name of Applicant:

Mailing Address

ARIZONA DEPARTMENT OF WATER RESOURCES

Water Management Division 3550 North Central Ave, 2nd Floor Phoenix, Arizona 85012-2105 Phone (602) 771-8585 Fax (602) 771-8689



74-565003.0003 APPLICATION FOR A RECOVERY WELL PERMIT (§ 45-834.01)

> APPLICATION FEE OF \$ 50.00 PER WELL FOR THE 1ST 10 WELLS PLUS \$ 10.00 PER WELL THEREAFTER IS DUE UPON FILING.

PERMIT FEE (SAME AS APPLICATION FEES), PLUS NOTICE AND PUBLICATION FEES TO BE DETERMINED, ARE DUE PRIOR TO ISSUANCE OF PERMIT.

Contrat Doman London Lucia

PLEASE SUBMIT ONE ORIGINAL AND TWO COPIES OF THE COMPLETED APPLICATION AND ALL SUPPORTING MATERIALS.

| , | • | FOR OFFICE USE ONLY | | | | | |
|--|-----------------|--|-------|----|--|--|--|
| 0 PER WELL FOR 0.00 PER WELL | Application No. | Application No.: 74 - 56500 3.0004 Date Received: 6-12-67 | | | | | |
| FILING. | | | | | | | |
| JCATION FEES), PLUS FEES TO BE DETERMINED, CE OF PERMIT. | | | | ÷. | | | |
| NAL AND TWO COPIES OF THE AND ALL SUPPORTING MATERIALS. | | | | | | | |
| City of Surpris | ie, | | | | | | |
| Bell Rd Sun | prise A. | 2 | 85374 | | | | |
| C | City Sta | ite | Zip | | | | |
| - / | | | | | | | |

| | Telephone <u>(23-878-423)</u> Fax (623-583-2892 |
|------------|--|
| 2. | Name of Active Management Area or Irrigation Non-Expansion Area if applicable, and name of groundwater basin and |
| | Subbasin where the facility will be located West Sult River Valley Subbasin Phoenix Active Management Area |
| | Phoenix Active Management Area |
| 3. | Name of the owner(s) of the land where wellsites are located <u>City of Surprise</u> Mailing Address 12425 W. Bell Road, Ste D-100, Surprise AZ 85374 (If more than one owner, attach a list showing corresponding land owner and well registration number(s)). |
| 4. | Legal description of the land where water will be used Within the City of Supperse Service Area (quarter/quarter/quarter/section, township and range) |
| 5 . | The recovered water will be used for Municipal and Industrial Purpoles |

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| 6. | The recovery wells will be used to recover water stored pursuant to Water Storage Permit No. $70 - 44/155$ |
|----|--|
| | or long-term storage account number |

 Complete the following for each constructed well. If data supplied differs from the ADWR well registry, please submit a change of well information form. Attach supplement if needed.

| | Name of Well Owner | Well Registration Number | Location: 1/4,1/4,1/4, Section, Township, Range | Design Pump Capacity (GPM) | Hole Depth (Feet) | Casing Diameter (inches) | Proposed Annual Volume (Acre-feet) | Date Well Constructed |
|---|-----------------------|--------------------------------|---|-------------------------------------|-------------------------|--------------------------------|---|--------------------------|
| | City of Surprise | 55-593634 | SEINWINW SI TYN RZW | 1000дрт | 1700 | 18" | 1,613 | 7/4/03 |
| | City of Surprise | 55-573635 | SENWNE SI THN RZW | 1000gm | 1500 | 18 ^{ji} | 1613 | 5/13/03 |
| | City of suprice | 55-593638 | NE/5E/5E 5 20 T3N RIW | 1500gpm | 1530 | 16" | 823 | 12/21/02 |
| - | | | | | | | | |
| - | | | | | | | | |
| | | | | | | | | |

8. Complete the following for each proposed well to be constructed.

| | Tonowing for each | T | T | T | | | |
|--------------------------------|---|-------------------------------------|-------------------------|--------------------------------|---|---|--|
| Well Registration Number | Location: 1/4,1/4,1/4, Section, Township, Range | Design Pump Capacity (GPM) | Hole Depth (Feet) | Casing Diameter (inches) | Proposed Annual Volume (Acre-feet) | Estimated Date of New Well Construction | Estimated Time Required To Complete Well |
| | | | | | | | |
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RECHARGE

| I (We), The City of Scupe the penalty of perjury, that the information belief true, correct and complete. | tuse,, the n contained and st | e applicant(s) named atements made herei | in this application | n, do hereby certify under f my (our) knowledge and |
|---|--|---|---|--|
| 23-875 - 4231 Telephone | Signature of own | er or authorized agos | facy | |
| 12425 W. Bell Rel Mailing Address | Water Title | Conservat | tion as | rolyst_ |
| 12425 W. Bell Red Mailing Address | 7, Ste 010 | O Super | State | 85379 Zi p |
| STATE OF ARIZONA County of MARICOPA |)) ss.) | | | |
| Subscribed and sworn to before me th | nis <u> </u> | y of MAY | , 20 <u>_07</u> | <i>:</i> |
| Notary Public TVLY 33, 2010 My commission expires: | - | NOSALNE MODERY PUBLIC MARICO | CIAL SEAL IA M. HERRERA STATE OF ARIZONA OPA COUNTY pires July 23, 2010 | |

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